

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90040 011 \*\*\*138.75

**DOCUMENT # L04000028269**

1. Entity Name  
**FISQUAL INTERESTS, LLC**



Principal Place of Business  
**1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

Mailing Address  
**1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #  
**501 Riverside Ave.**

3. Mailing Address  
**501 Riverside Ave.**

Suite, Apt. #, etc.  
**Ste. 601**

Suite, Apt. #, etc.  
**Ste. 601**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**27-0121691**

Applied For  
Not Applicable

Zip  
**32202**

Country  
**US**

Zip  
**32202**

Country  
**US**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEEK, EUGENE G III  
1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**501 Riverside Ave., Ste. 601**

City  
**Jacksonville**

FL Zip Code  
**32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEB IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEEK, EUGENE G III 1301 RIVERPLACE BOULEVARD STE. 1609 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Riverside Ave., Ste. 601 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**EG Peck III, Manager**

**04/21/08 (904) 399-1609**